STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS REGISTRATION AND TITLING PROGRAM



WAREHOUSEMAN'S LIEN SALE

SECTION I	DESCRIPTION OF UNIT			
The Decal (License) Nu	umber(s) is:			
The Trade Name is:				
The Serial Number(s) i	s:			
SECTION II	NAME AND ADDRESS OF MO			
Name:				
Address:				
Str	eet Address or P.O. Box	City	State	Zip
SECTION III	REGISTERED OWNER INFOR	RMATION		
Name:				
Address:	Street Address or P.O. Box	City	State	Zip
Date Notice of Terr		City	State	Zip
SECTION IV	LOCATION ADDRESS			
	e Manufactured Home, Mobilehome, or Mu	ulti-Unit Manufactured Housing:		
	Street Address	City	State	Zip
SECTION V	COMPLETE THIS SECTION II	F THERE WAS A LEGAL OW	NER OR JUNIOR LIENH	<u>OLDER</u>
Legal Owner Name:				
Address:	eet Address or P.O. Box		Chaha	71
		City	State	Zip
	e:			
Address:	eet Address or P.O. Box	City	State	Zip
SECTION VI	COMPLETE THIS SECTION II	F THERE WAS NO LEGAL OV	WNER OR JUNIOR LIEN	HOLDER
	of the described manufactured home or m			Owner or Junior Lienholder,
failed to comply with	the notice of termination dated	and was	s either (check one):	
Legally evicted or	n pursuant to a	court judgment issued on	resulting from u	nlawful detainer action.
	-OR-			
☐ Vacated the prem	ises on			
SECTION VII	PUBLIC OR PRIVATE SALE I	NFORMATION		
Name of Buyer(s):				
Address:				
St	reet Address or P.O. Box	City	State	Zip
The above-described u	init was sold to the public sale buyer listed	Month Day Year	•	
SECTION VIII	CERTIFICATION			
	alty of perjury under the laws of the	State of California that the fo	pregoing is true and corre	ect and that I have notified
the registered owner 798.56a of the Civil	er and legal owner and all junior lier Code and Section 7210 of the Commal Code for the sale of this manufactu	nholders (if any) has/have bee nercial Code. I also certify th	n notified of this action at all the terms and cond	in accordance with Section ditions outlined in the Civi
Executed on	at			
	Date	City		State
Signature of Authorize	d Agent:			
Printed Name:				